

ing and healing community and a place of refuge for the aged—an often displaced, despised and disheartened group in American culture. However, I am concerned that even the faith communities may become overburdened and overwhelmed in an ever increasing faithless American culture. Nevertheless, we work by faith believing that the work we do will help someone not only live longer but live well.

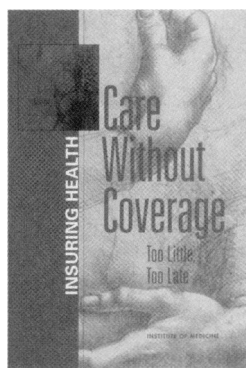
I will add this book to my list of required reading for clergy and laity in my faith community.

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Care without Coverage: Too Little, Too Late

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0309083435; 193 pages

Care Without Coverage: Too Little, Too Late is the most recent report from the Institute of Medicine on health insurance and access to care, and serves as a follow-up to a previous report, *Coverage Matters: Insurance and Health Care*, which documented the extent of uninsurance and the characteristics of Americans who are most likely to be without insurance. *Care without Coverage* is an exhaustive synthesis of the literature on health insurance coverage and the subsequent effect of health status. The goal of this report is to refute the notion that more than 40 million individuals without health insurance coverage still receive adequate health-care that they need, by summarizing the evidence suggesting that the health of individuals is compromised by their lack of insurance coverage. The report summarized a number of studies that



examined the role of insurance coverage on health status and concluded that overall, working-age adults ages 18–65 years older without health insurance were more likely to suffer from adverse health outcomes or die prematurely than their insured counterparts. Moreover, the report also highlighted studies that demonstrated that the availability of health insurance could lead to a reduction of gaps in care.

This is an important reference for those interested in documenting the adverse effects of uninsurance on health outcomes. Moreover, the report highlighted a number of factors that may explain why lack of insurance led to poor health outcomes; foremost was the lack of access to timely diagnostic tests or treatments. Even when diagnosed, lack of healthcare coverage often led to gaps in the receipt of adequate medication or other services as well as disruptions in care because of a lack of a regular healthcare provider. In addition, as the treatment for chronic illnesses becomes more paramount, this report is an important contribution, as it highlights the devastating effects of lack of insurance coverage on continuity of care for chronic conditions.

However, there are a number of policy-relevant issues that this report does not fully cover, including the differential effect of insurance coverage on specific racial and ethnic minority groups, and how changes in coverage over

time might impact health outcomes, in part, because of the lack of supporting studies or data that address these issues. For example, most studies have not examined the impact of changes in insurance coverage over time on health outcomes. That is, are the more than 40 million Americans without coverage the same individuals year after year, or do many of them slip into and out of coverage depending on public benefits eligibility, job availability, etc.? Also, is there a core group of individuals consistently without coverage, and how can insurance coverage policies be tailored to address the needs of these individuals? Finally, the report focused on insurance coverage for working adults (ages 18–65 years) and did not detail gaps in supplemental healthcare coverage among adults ≥65 years, including access to prescription drug benefits. A more comprehensive assessment of insurance access for this vulnerable population is also warranted, given the recent initiatives to modify Medicare benefits to include prescription drug coverage. Nonetheless, this report is an important resource for those seeking to improve access to health insurance. The obvious next step is to identify the means to increase coverage, especially for vulnerable populations such as racial-ethnic minorities.

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